

WHERE DOES THE "PHYSICIAN" COME IN?

It is a well recognized fact that the profession of medicine is a most unselfish one. Medical men are continually striving along lines of prophylaxis, with results which have already greatly impaired the income of the profession as a whole. And now, assisted by various hospital organizations and laboratories, the public may soon be taught to get along almost entirely without the services of so-called diagnosticians and therapeutists. In these days of self-starting automobiles, pianolas, Victrolas, of blood transfusions and tissue transplantations, self administered anesthetics and self performed operations, it is rather gratifying to stop and consider the advances made by the laboratory worker along the lines of diagnosis, thus enabling the patient to decide accurately for himself as to what ails him.

We have before us a prospectus issued by a local hospital for the benefit of its present and future patrons, in which it publishes its usual schedule of rates. In addition it gives prices for the Moro, Pirquet and Calmette tuberculin tests, Widal's, blood counts and cultures, urinalyses, gastric contents, Wassermann reactions, vaccines and for all sorts of X-ray views. This should prove of great value to the prospective patient. Knowing that the average physician no longer diagnoses tuberculosis without Pirquets (50c), Calmettes (\$1.00) and sputum examinations (\$2.50), is it not rational for him to get \$4.00 worth of tests right off before worrying a doctor who will eventually do this anyhow? And since Wassermann reactions for diagnosis cost \$25.00, why consult a specialist on syphilis who too must needs resort to the same test? *En passant*, we sometimes hear from serologists that to perform these tests for less than \$25 entails great financial loss; we are pleased to note their philanthropy as evidenced by offers to do these reactions at \$10 per if repeated in the treatment of a case. We will perhaps soon hear of individuals going to serologists for the first time to see if their sera are "still positive" or "still negative," thus saving \$15; like the patient in the story who, having heard that a certain M. D. charged \$10 the first visit, and \$2.50 each one following, on consulting this M. D. for the first time said: "Here I am again, Doc!" (Incidentally, the medico, after looking him over, shrewdly advised him to "continue the same medicine." But this is another story.) X-ray plates will, likewise, in the hands of the laity, prove of vast assistance, particularly in damage suits. We already know of several instances where patients left their surgeons to consult radiologists, not satisfied that any surgeon could treat even a simple

fracture, without displacement, unless he possessed an X-ray coil.

It is to be hoped that the future prospectus, copies of which every hospital association and advertising specialist will no doubt soon publish, will contain the tests for pregnancy, the gonococcic and luetin skin test, the alcohol serum test, the serum test for hyper or hypoglycemia, the tests for pancreatic or pituitary insufficiency as well as those for the N and cholesterin content of blood, now so stylish abroad. For the benefit of those patients who are unable to diagnose their own cases after exhausting the possibilities of the tests mentioned in the prospectus at hand, we would urge them to note that for autopsies no charge is made. There is still another and really serious side to this question which we have chosen to discuss. And this is one which affects the conscientious physician as well as the patient who wishes the best that science affords. It is a fact that Wassermanns should be done in the larger percentage of cases which present themselves for diagnosis and treatment. Only in this way can we discover many otherwise hidden cases of lues. And in the treatment of syphilis, this test must be repeated a great many times. It is also a fact that on a great number of patients the X-ray should be used. We feel that no obscure case of gastro-intestinal disturbance has been completely studied until the fluoroscope and plate have been employed. How much are they in use now? In the diagnosis and treatment of pulmonary diseases, how much better would be our results if X-rays were in common use. To the above mentioned prospectus may we again refer, and find an explanation. Patients are made to look upon a Wassermann test or an X-ray plate as a high-priced piece of work. An office visit to a physician they rate at from \$1.50 to \$2.50; occasionally for an examination the well-to-do class will pay \$5 or even \$10. This is a relic of the days when patients would go to doctors whose sole methods consisted in feeling the pulse, taking the temperature, looking at the tongue, and perhaps placing an ear against the chest. But times have changed, and a thorough physical examination coupled with a careful history taking, as performed by a well-trained medical man, requires more time, more physical exertion and the expenditure of more mental effort than the patient realizes. Take, for example, an obscure nervous case,—the physician frequently spends several hours in examination alone, this has to be oft repeated and controlled. The charge is \$25 for a Wassermann, \$20 for one view of the head, perhaps there is a charge for an eye examination, and the patient has been charged \$50 or more, not including his doctor's fee. Now where does the man come in who has been doing the real work, the real worrying, and who after all is the one to correlate the results of his confrères. He is lucky if the average patient has anything left at all with which to meet his bill.

There is a way out of all this. We can not only point it out, but believe it must soon be adopted by many of us. It consists in the getting together of a number of men, each with a definite

specialty, this aggregation of medical men to employ a laboratory worker, so that a patient can come and be properly, thoroughly and quickly examined and treated for a reasonable amount of money; and where, because of the laboratory being handy, or the X-ray being accessible, all these methods will be more often used, to the benefit of the patient and to the credit of the doctor. We believe that the fame of a number of Eastern men rests upon just such organizations, and know of such combinations recently formed, working most successfully in several Western cities.

R. B.

UNIFORM MEMBERSHIP.

When medical societies were few in number and small in membership and had no direct relationship, the one with any other, it did not matter much how any particular society conducted its affairs; it might be as business-like or as slipshod as happened to be the case. Now, however, conditions have changed. Medical societies have taken definite shape and have formed into a definite organization with certain definite purposes. It became evident several years ago that some uniformity in the matter of membership was absolutely necessary. County units composed or made up state societies; they in turn made up the governing body, and more recently the actual membership, of the American Medical Association, and aside from all business considerations, the eternal question was: "When is a member not a member?" And it was a puzzler. Last year the A. M. A. called together the secretaries of state societies to discuss this and other problems, and the meeting was one of the most successful on record. Some fundamental conclusions were reached and agreed upon unanimously. All societies should have the fiscal year coincide with the calendar year; all memberships should automatically terminate on December 31st of each year; all members of a previous year who pay their dues within 60 or 90 days of the first of the current year should be considered members as from January 1st of that year, while those who pay after the fixed date (in California it is March 1st) should be recorded as members only from the date of payment of dues. Pennsylvania, as we judge from the report of their last meeting, is having some little trouble in changing its by-laws to meet these changed conditions, for apparently some members are ultra-conservative and do not want to change—just because it is a change. To such members in Pennsylvania we can only say that this plan of compelling reports and payments to be made before March 1st and of terminating all memberships on December 31st, has proved to be of the greatest value here in California. It has eliminated two-thirds of the trouble formerly experienced in checking up membership and has brought order out of chaos. One person, under sufficient bonds and with a reliable audit of his affairs, should collect and handle funds; two persons at two different places are not in close enough

touch to do business satisfactorily. Transfer of membership from state to state was considered long and carefully but it was agreed to be quite out of the question, because of the lack of uniformity in the requirements and benefits attaching to membership in the different states. Between counties in the same state, however, the reverse is the case and transfer is universal. One thing is certain: a state medical society is now a business organization and should be conducted on business principles. Dues must be paid promptly and membership must terminate on a definite and specified date; there can be no such thing as a "delinquent member"; a physician must be a member or not a member.

Pay your dues promptly in January and take no chances of forgetting!

WHAT NOW?

Largely because of the advertising propaganda of a single firm, the Council on Pharmacy and Chemistry was obliged to undertake a comprehensive investigation of the altogether improbable claimed superiority of the "natural" salicylic acid and sodium salicylate over the regular "synthetic" kinds. The investigation has shown:

1. Contrary to certain statements in the older literature, there is no difference in the toxic dose for animals between "natural" sodium salicylate, the most highly purified synthetic, and the cheapest commercial sodium salicylate now found on the market.
2. The evidence for the claimed clinical differences, as found in medical literature, is extremely unsatisfactory and inclusive.
3. No significant chemical impurities are present in commercial synthetic salicylate.
4. No difference can be detected clinically, either in the therapeutic or toxic effects, if the comparison is made under conditions which strictly exclude personal bias.

What now? Are we at last rid of the "natural" salicylate superstition? As a refrain to comprehensive and conclusive scientific investigations we ordinarily hear the protest, "But clinical tests are the thing—and these show the insufficiency of the scientists' conclusions." "We are concerned with the patient, and careful bedside trials have proven the value of the remedy." But in this case, careful bedside trials, made by men of recognized standing and under precautions which are possible only in hospitals, have tested the disputed question and have given an answer which we believe cannot be seriously questioned, namely, that the two kinds of sodium salicylate had an identical and undistinguishable action.

Of course the promoter will find some excuse for not accepting this clinical verdict, for acceptance would mean the loss of a paying line of proprietaries. But will the profession continue to listen to his "tales"? We hope not.